

FORM LOB



HAWAII STATE ETHICS COMMISSION 13 MAY 30 P12:18 LOBBYIST'S EXPENDITURES AND CONTRIBUTIONS REPORT

REPORT YEAR: 2013	_	Amende	d State	ment		STA	STATI TE ETH	E OF HA	HAWA IPRIMMISSI	1≱.
For Lobbying Reporting Period: January 1 - last day of February March 1 - April 30					····	THICS COMMISSID), May 1 - December 31				
LOBBYIST INFORMATION	•	•								
Santiago			Alexa	nder					С	
Last Name			First Nar	ne					M.I.	
Health and Human Service	es Advoc	ates								
Lobbyist Firm/Employer										
PO Box 327										
Mailing Address (Number and Street	or P.O. Box)									
Waianae					HI				9679	2
City State								Zip Ci	ode	
383-9032	alexcsanti@gmail.com									
Telephone Extensi										
PART I. TOTAL EXPENDITURES EXPENDITURES (ROUND TO THE NEARE OF CONTROL OF CON	Media Sole Tale	NADE BY	LOBBYIS	T FOR EA	CH ORGA	O O	\ \		TOE MUTURE	707.8x
3. American Association for	0	oʻ	o '	o d	o d	0	0.	oʻ	0	0
4. Marriage & Family Therapy -	+ +	۲	-	•		4	4	+ -	!	
5. Hawaii Division		٠	-	•	•	-	+		:	
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7.	+ -	*	-	*	*	*	,	4		
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13.)					:			Ţ	1	
14.				~	,	ī		7-		
15.	-	-	•		•	1				
16. Total Expenditures from Addit	ional Attach	ed She	et(s)						>	
Add Total Expenditures (lines	1 through 1	6)				Tot	al Expe	enditure	s ►	0

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List all expenditures incurred by lobbyist for the purpose of lobbying of \$25 or more per person per day during the statement period.

Name	On Benair of ORG		Amount or Value
N/A			
Check here if additi	onal sheets are attached		
	TUDES OF \$150 OD HODE 5		
	TURES OF \$150 OR MORE P behovist for the purpose of labbying in the	'ER PERSON total sum of \$150 or more per person du	ring the statement period
	On Behalf of ORG	Take the second of the second of	
Name	On Berlail Bi ORG		Amount or Value
N/A			
Check here if additi	onal sheets are attached		
Check here it additi	onal Sheets are attached		
PART II. CONTRIBUTIO	NS RECEIVED		
List all contributions received by lo	obbyist for the purpose of lobbying in the	total sum of \$25 or more per person dur	ing the statement period.
Name	On Behalf of ORG		Amount or Value
N/A			
		· · · · · · · · · · · · · · · · · · ·	
Check here if additi	onal sheets are attached		
PART III. SUBJECT ARE egistative and/or administrative		orted or opposed during the statement ;	neriad:
_		r -	لسنا
Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications &	Government Operation &	Intergovernmental Relations,	Tourism & Recreation
Public Utilities	Finance	International Affairs	
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic	Health	Planning, Land & Water	Other (indicate below):
Preservation	T Control	Use Management	Office (indicate below).
Ecology, Energy	Housing	Public Safety & Corrections	
Environmental Protection			
AUTHORIZED PERSON			
Alexander C. Santi	ago	President	5/27/2013
Print Name of Authorized			
_		Title	Date (m/d/yyyy)
CERTIFICATION: By ch	ecking this box, you signify and affirm t	hat you are the person whose name ap	opears as the "Authorized Person" abov
understand that there are s	led in the form is true, correct and comp tatutory penalties for failing to report th	plete to the best of your knowledge and e information required by Hawaii law.	ceren. You surther certify that you

Understante that there are statutory periatries for raining to report the information required by nawar law.